06137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Martin (Last) Aims

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-30-1906
9. AGE last birthday 44 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - 2 Stockman
10b. KIND OF BUSINESS OR INDUSTRY Plumbing - Oil Industry
11. BIRTHPLACE (State or foreign country) New York N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Franklin Aims
14. MOTHER'S MAIDEN NAME Mary C. Gaunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 077-07-2163
17. INFORMANT AND ADDRESS Freda Aims North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
581.0	Immediate cause	(a) Pulmonary Edema	48 hours
124b	Antecedent cause(s)	(b) Toxic Myocarditis sec. to	1 year
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cirrhosis of Liver	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 June, 1950, to 14 June, 1950, that I last saw the deceased alive on 13 June, 1950, and that death occurred at 1:13A m., from the causes and on the date stated above.

SIGNATURE Klaus H Hunter (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 14 June '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-16-50
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. June 16
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Gaunt ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

248 18

RECEIVED
JUN 19 1950
BUREAU OF

06138

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) 3 Mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge St.	STREET ADDRESS (If rural, give location) Bridge St

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) W. (Last) Anderson

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
M.	wh	widowed	May 14, 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.	unk	Washington, D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Anderson	No Inf.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Oliver H. Barr Co Phila Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular renal disease	2 years
442X Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure	1/2 hour
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 15, 1950, to June 16, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 8 45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry Davis	M.D.	Chesapeake City Md	6/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal.	June 17/50	Arlington	Overill Hill Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17	F R Frazer	H W Pippin & Son	Elkton, Md

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1950
BUREAU V. S.

06139

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville
STREET ADDRESS (If rural give location) 127 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) L. (Last) BIRELEY.
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1950

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 6-6-1931 | 9. AGE last birthday 19 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPRING Maker | 10b. KIND OF BUSINESS OR INDUSTRY SPRING FACTORY | 11. BIRTHPLACE (State or foreign country) TENNA | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME HOWARD L. BIRELEY | 14. MOTHER'S MAIDEN NAME MARY WYNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Howard L. Bireley, Coatesville, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E50.8 Immediate cause (a) Drowned.

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, other public place) North East River | (CITY OR TOWN) Charlestown (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 24 (Year) 50 (Hour) 5:10 m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Rubber raft turned over on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) MD D.M.E. ADDRESS Rising Sun Md DATE SIGNED 6/24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-27-1950 | NAME OF CEMETERY OR CREMATORY Fairview Cemetery | LOCATION (City, town, or county) Coatesville | (State) Pa

DATE REC'D BY LOCAL REG. 6-24-50 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR Joseph R. Frank | ADDRESS North East Md

49630

RECEIVED
JUN 28 1950
BUREAU V. S.

06140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92 ~~200~~

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) M. (Last) CARPENTER

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1950

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 28, 1874
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Bloomer
14. MOTHER'S MAIDEN NAME Maryia Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Lillian Warren

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Cardiovascular renal disease	10 years
131a Antecedent cause(s)	(b) Pulmonary oedema	6 hours
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1939, to June 13, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE Henry D. Ains (Degree or title) MD. ADDRESS Chesapeake City Md DATE SIGNED 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 26, 1950
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Chesapeake City (State) Md.

DATE REC'D BY LOCAL REG. June 26, 1950
REGISTRAR'S SIGNATURE Edward Fellows. F. R. Frazer
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1960
BUREAU V. S.

06141

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bluebell.; MARYLAND LENGTH OF STAY (in this place) 4-5 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bluebell.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elwood (Middle) (Last) Cassidy

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: about 1897

9. AGE last birthday: 52 yrs.; If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor.

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand.

11. BIRTHPLACE (State or foreign country): Feb 27 1898

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Thomas Cassidy

14. MOTHER'S MAIDEN NAME: Sarah Emily Beers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): yes. WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Blakely.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
981x	Immediate cause	(a) Gunshot wound of	
166	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last	(b) left side of face 1/2 inch below and	
		(c) to outside of left eye.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home. (CITY OR TOWN) Bluebell. (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) 6 (Day) 26 (Year) 50 (Hour) 4:40 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Shot with 16 gauge gun.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE R. LeDodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 6/27-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 30/50; NAME OF CEMETERY OR CREMATORY Back Run; LOCATION (City, town, or county) (State) West Churchville Md

DATE REC'D BY LOCAL REG. June 30; REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR: H W Tiffin & Son; ADDRESS Elkton, Md

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VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 7 1950
U. S. PATENT OFFICE

06142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 1yr.1mo.2da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2046 Druid Park Drive

3. NAME OF DECEASED (Type or Print) (First) REDELL (Middle) W (Last) CHARNOCK

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-19-20
9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph L. Charnock
14. MOTHER'S MAIDEN NAME: Geneva Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis, pulmonary, far advanced, active — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002x

13b

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, catatonic type — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 6, 1949, to June 8, 1950, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-12-50 — NAME OF CEMETERY OR CREMATORY: Langier Island — LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG.: 6/9/50 — REGISTRAR'S SIGNATURE: Irene E. Doughty — 24. FUNERAL DIRECTOR: Durward Covington — ADDRESS: Crisfield Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

06143

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 16 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 210 E Main St

3. NAME OF DECEASED (Type or Print): (First) ALBERTA (Middle) (Last) CLARK.

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 5, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Simmons

14. MOTHER'S MAIDEN NAME: Josephine Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rose Clark 210 E Main Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Paroxysmal tachycardia	6 hrs.
442 X Antecedent cause(s) 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2-3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcin - Renal + Hysterectomy

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1950, to June 21, 1950, that I last saw the deceased alive on June 21, 1950, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE: Paul J Hrynowsky (Degree or title) M.D. ADDRESS: Elkton Md DATE SIGNED: June 21-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 24/50 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Rear Chesapeake City Md

DATE REC'D BY LOCAL REG.: June 24 — REGISTRAR'S SIGNATURE: I R Frazer — 24. FUNERAL DIRECTOR: H W Tapper & Son — ADDRESS: Elkton, Md.

RECEIVED
JUN 26 1950
BUREAU

06144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Va. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 932 N Lebanon St

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anita (Last) Curry
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 15 1900
9. AGE last birthday: 49 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Riceville Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: C. C. Parkison
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: 932 N. Lebanon Av. C. J. Curry - Arlington, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170x Immediate cause (a) Circulatory Failure

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

(c) Recurrent from Breast

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1950, to 6/1, 1950, that I last saw the deceased alive on 6/1, 1950, and that death occurred at 8 09 P m., from the causes and on the date stated above.

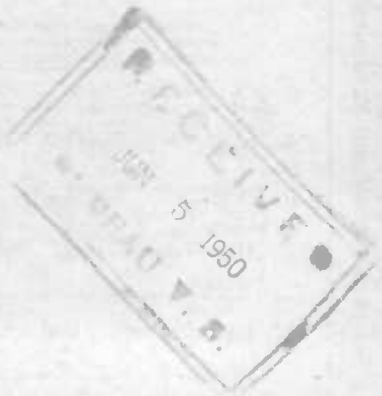
SIGNATURE: Jacob L Engle, M.P. (Degree or title) — ADDRESS: Oxford, Pa. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: June 2, 1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Arlington, (State) Va.
DATE REC'D BY LOCAL REG.: June 2 — REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Osage st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ALFONSO (Last) DALTON

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 21-1885
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Patrick Dalton
14. MOTHER'S MAIDEN NAME Mary Brophy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No. 176074024
17. INFORMANT AND ADDRESS Paul Dalton, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis -

(c)

INTERVAL BETWEEN ONSET AND DEATH 10 mm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to June 21, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED June 21-1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE June 24, 1950 NAME OF CEMETERY OR CREMATORY St. Cecelia Cem. LOCATION (City, town, or county) Coatesville (State) Pa.

DATE REC'D BY LOCAL REG. June 21 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR The W Pippin & Son ADDRESS Elkton Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton, LENGTH OF STAY (in this place): 14 da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Davis

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
M.	Wh.	Widowed	Nov 27, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming Owner	Cecil Co, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Davis	Laura Biggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs Matilda Bleidorn Ches. City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lympho Sarcoma	6 months ?
200.1 Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial pneumonia	4 days -
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/[illegible]/50	Lympho Sarcoma	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1950, to June 13, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry Davis MD	Chesapeake City Md	6/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16/50	Bethel	Near Chesapeake City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16	F R Frazer	H W Pippen & Son	Elkton, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06147

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunday Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) Sunday Lane.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) Deibert

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX M. | 6. COLOR OR RACE Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 8, 1859 | 9. AGE last birthday 91 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Builder | 10b. KIND OF BUSINESS OR INDUSTRY Boat Building | 11. BIRTHPLACE (State or foreign country) Pa. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Deibert | 14. MOTHER'S MAIDEN NAME Sarah Heuser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ellis Deibert, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 days
442x Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1921, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Herbert Baker | (Degree or title) M. D. | ADDRESS Elkton Md | DATE SIGNED June 25. 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 27/50 | NAME OF CEMETERY OR CREMATORY Elkton | LOCATION (City, town, or county) Elkton | (State) Md

DATE REC'D BY LOCAL REG. June 26 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H W Tippin & Son | ADDRESS Elkton Md.

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JUN 28 1950
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06148

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: CECIL; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.
LENGTH OF STAY (in this place): 2 mos. 2 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital, Perry Point, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) (Last) GOODNOW

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/5/1889

9. AGE last birthday: 60 yrs. If under 1 year: Months 7 Days 17 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Civil Ser.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records - VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis, diffuse	53 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Ulcerative colitis, chronic, non-specific	Unknown
	(c)	

572.2
120b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/17/50

19b. MAJOR FINDINGS OF OPERATION: Ulcerative colitis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 4/20, 1950, to 6/22, 1950, that I last saw the deceased alive on 6/22, 1950, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE: E.P. Brannon (Degree or title) E.P.BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 6/23/50

NAME OF CEMETERY OR CREMATORY: North East Methodist

LOCATION (City, town, or county): North East (State): Md.

DATE REC'D BY LOCAL REG.: June 23, 1950

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Joseph R. Grant JOSEPH R. GRANT FUNERAL HOME

ADDRESS: North East, Maryland

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JUN 27 1950
BUREAU V. S.

06149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 T

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Warwick, Md. | LENGTH OF STAY (in this place) 61 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Virginia (Last) Gould
4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1950
5. SEX: F.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 26, 1888
9. AGE last birthday: 61 yrs. | If under 1 year: Months 6, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Family
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Hollingsworth
14. MOTHER'S MAIDEN NAME: Laura Thayer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio Renal Disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Uremia.	2 wks.
	(c)	

442X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19.44., to June 23, 19.50, that I last saw the deceased alive on June 23, 19.50, and that death occurred at 3.30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter K. Lee M.D.		Middletown Del.	6/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/28/50	Wales Cemetery	Middletown Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-26-50	Mrs Harold N. Cheyney Dep Reg.	Edw R. Bell	909 Poplar St

52086

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JUN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06150

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.
LENGTH OF STAY (in this place): 6-16-50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Penna. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delta.
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) ARTHUR R. (Middle) GRIFFITH (Last)

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1-31-96

9. AGE last birthday: 54 yrs. If under 1 year: Months 4 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 1 week

Antecedent cause(s) — due to

420.1 94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

due to

(c) Arteriosclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): -- (COUNTY): -- (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from June 16, 19 50, to June 20, 19 50, ~~that I last saw the deceased alive on [illegible] 19[illegible]~~, and that death occurred at 5:40 PM m., from the causes and on the date stated above.

SIGNATURE: Willy Oppler (Degree or title): M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. ADDRESS: DATE SIGNED: 6-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 6-21-50
NAME OF CEMETERY OR CREMATORY: Slate Ridge Cemetery
LOCATION (City, town, or county) (State): Delta, Pa.

DATE REC'D BY LOCAL REG.: June 21, 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Hubert F. Harkins
ADDRESS: HUBERT F. HARKINS, Delta, Pa.

XVX44

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 23 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06151

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rising Sun; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rising Sun; STREET ADDRESS (If rural give location) Between Rising Sun & Farmington

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Famous	J	Ham	June	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 4, 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	North Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Ham	Nancy Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Charles Ham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 1 day

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____

(c) Angina pectoris — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec, 1949, to June 17, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rhoslyn J. Bishoff	MD	Rising Sun, Md	6/19/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 20, 1950	Brookview	Rising Sun,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-19-50	L. W. Worthington	Ralph M. Reed	

VS. A15

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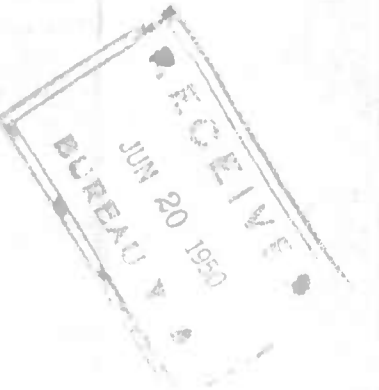
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JUN 20 1950
BUREAU

06152

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rural. Nottingham R.D. 1. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Years Rising Sun Md

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural Rising Sun Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: Nottingham Pa. R.D. 1 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Reeves V. Hawks

3. (b) Social Security Number: 192-12-5585

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband~~ or wife: Sara Hawks

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): March 27th 1888

8. AGE:

Years	Months	Days	If less than one day
62	2		hrs. min.

9. Birthplace: Baywood Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Phenolite. Kennet Square Pa

FATHER
12. Name: Robert Hawks
13. Birthplace: Virginia

MOTHER
14. Maiden name: Fannie Galyen
15. Birthplace: Virginia

16. Informant: Mrs Sara Hawks

Address: Nottingham Pa. R.D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 12-1950 (month) (day) (year)

Cemetery or ~~crematory~~: Oxford

Location: Oxford Pa

18. Funeral director: C.P. Rogers

Address: Oxford Pa

19. May 8 1950 Lowe Wontunington (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1950 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1949 to June 7 1950 and that I last saw h 1m alive on June 6 1950

Immediate cause of death: Carcinoma with general metastases.

Due to: Primary lesion in splenic Colon

Due to:

Other conditions: 153x 462 (Include pregnancy within 3 months of death)

DURATION: 9 months

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F.B. Robinson M.D. M. D. or other

Address: Oxford Pa Date signed: June 7/1950

98817

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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06153

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Robert (Last) Hitchcock

4. DATE OF DEATH (Month) JUNE (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 10, 1894
9. AGE last birthday 56 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDENT
10b. KIND OF BUSINESS OR INDUSTRY V.A. Hospital
11. BIRTHPLACE (State or foreign country) Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Hitchcock
14. MOTHER'S MAIDEN NAME Josephine Pugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) World War I
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Frances Fahey Hitchcock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

002x Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia, Malnutrition

(c) Active Pulmonary Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19——, that I last saw the deceased alive on 7 June, 1950, and that death occurred at 5:15A m., from the causes and on the date stated above.

SIGNATURE Wallace H. Sadowsky (Degree or title) ADDRESS Perryville Md. DATE SIGNED 9 June 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE June 10, 1950
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. June 9, 1950
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

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JUN 13 1950
BUREAU V. S.

06154

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Church St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Holding
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH May 7, 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House
10b. KIND OF BUSINESS OR INDUSTRY House wife.
11. BIRTHPLACE (State or foreign country) Hemmedville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H. Cain
14. MOTHER'S MAIDEN NAME Mary C. Duhane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles W. Holding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) acute Dilatation of Heart	2 hours
93e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis	3-4 mos
		(c) Coronary Disease	2 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26th, 1950, to June 28, 1952, that I last saw the deceased alive on June 27th, 1950, and that death occurred at 12 45 m., from the causes and on the date stated above.

SIGNATURE Paul J McDermott (Degree or title) MD ADDRESS 202 E Main St Elkton Md DATE SIGNED June 28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 1/50
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) Elkton, Md (State) —

DATE REC'D BY LOCAL REG. June 30
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

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JUL 21 1950
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06155

CERTIFICATE OF DEATH

Reg. Dist. No. 90

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY: Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwick — MARYLAND — LENGTH OF STAY (in this place): 35 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwich Md. — STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wm. (Last) Johns

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 21, 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracting Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Powell P. Jones

14. MOTHER'S MAIDEN NAME: Florance Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Jennie L. Johns Warwich Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 2 hours

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to June 19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE: Walter K. Lee (Degree or title) M.D. ADDRESS: Middletown Del DATE SIGNED: 6/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/22/50 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Chesapeake City Md

DATE REC'D BY LOCAL REG.: June 22 50 — REGISTRAR'S SIGNATURE: Mrs Harold W Keyser

24. FUNERAL DIRECTOR: G. Foster Daniels — ADDRESS: Middletown Del.

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JUN 23 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P6156

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2yrs 4mos 12das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA — COUNTY ROWAN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 738 S. Church Street

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) A. (Last) LENTZ

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.

8. DATE OF BIRTH: 6-11-1891

9. AGE last birthday: 59 yrs. If under 1 year: Months 0 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, left	6 days
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hepatitis, infectious, sub-acute	3 weeks
	(c)	

C92 ✗ 32 ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/14/ , 1948, to 6/26, 1950, that I last saw the deceased alive on 6/26/ , 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

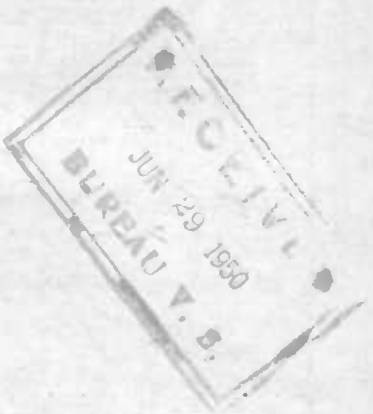
E.P.BRANNON,M.D.,Chief,Professional Services, VAH, Perry Point, Md. 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 6/27/50 | NAME OF CEMETERY OR CREMATORY: National Cemetery | LOCATION (City, town, or county) (State): Salisbury N.C.

DATE REC'D BY LOCAL REG.: June 27, 1950 | REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, Havre de Grace, Md.

VS. A15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JUN 29 1950
BUREAU V. D.

06157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cathy (Middle) JANE (Last) LYLE
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1950
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6-13-50
9. AGE last birthday yrs. If under 1 year Months. Days 1 If under 24 hrs. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? yes.
13. FATHER'S NAME Robert Eugene Lyle.
14. MOTHER'S MAIDEN NAME Mabel Violet Slauch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert Lyle.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malformation (Monster)

750X Antecedent cause(s)

157m Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1950, to 6-14, 1950, that I last saw the deceased alive on 6-14, 1950, and that death occurred at 11.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Dodson MD
ADDRESS Rising Sun Md
DATE SIGNED 6-15-50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE June 16
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Colora (State) Md
DATE REC'D BY LOCAL REG. June 15
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR J. E. Tyson
ADDRESS Rising Sun

2-0-6-13-0-19-1-40-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

06158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 640 Ingleside Avenue

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) E. (Last) MAAS

4. DATE OF DEATH (Month) June (Day) 7, (Year) 1950

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4-24-69

9. AGE last birthday 81 yrs. If under 1 year Months 1 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown - deceased

14. MOTHER'S MAIDEN NAME Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Span-Amer

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral — Unknown

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

due to

(b) Myocarditis, chronic

due to

(c) Arteriosclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT HOMICIDE SUICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) --

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that ~~I~~ VA attended the deceased from March 20, 1950, to June 7, 1950 ~~that I last saw the deceased~~ ~~[illegible]~~, and that death occurred at 5:35 AM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) M.D., Chief Professional Services, VAH, Perry Point, Md. DATE SIGNED 6-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 6-7-50

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

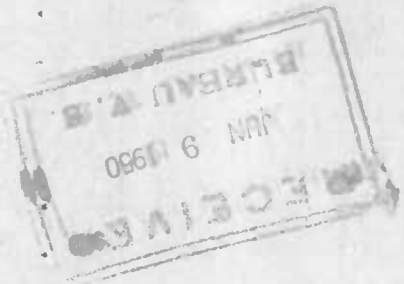
DATE REC'D BY LOCAL REG. June 7, 1950

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR William J. Tickner & Sons

ADDRESS WILLIAM J. TICKNER & SONS North & Penna. Avenues Baltimore, Maryland

XVX99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JUN 9 1960
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06159

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rising Sun; LENGTH OF STAY (in this place) 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIOLET	ETHNICE	MARSHALL	June	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	may 16. 1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife + sewing machine operator in sewing factory

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sylmar. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edgar L. Touchstone

14. MOTHER'S MAIDEN NAME: Mary Etta Grason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-12-6259

17. INFORMANT: Walter Marshall.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatitis, malignant growth	2 MONTHS
156.2 Antecedent cause(s)	(b) Cancer, unknown origin	18 MONTHS
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinomatosis, liver, abdominal wall & abdominal organs	4 MONTHS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cholelithiasis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 30, 1950, to June 13, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 4 P.M., June 13, 1950 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sheldon H. Bishoff	MD	Port Deposit, Md	June 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 16. 1950	Friends Burying ground	Calvert	Cecil Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 21-50	L.M. Worthington	J. C. Tyson	Rising Sun Md.

49644

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JUN 19 1950
BUREAU OF

[redacted]

Evidence for change in #3 shown on:

FILM No. G 126

06160

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

JUL 17 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 5 mos 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
HOSPITAL OR INSTITUTION OR STREET ADDRESS: V. A. Hospital	STREET ADDRESS (If rural, give location): 1423 Prince Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PETER	FRANKLIN	MC CONNELL	June	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Apr. 23, 1893	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Garage Owner	Garage	Bay Minette, Alabama	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
R. D. Mc Connell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatic Cirrhosis	5 mos 9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 581.1 / 124a	(b) Chronic Alcoholism.	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
----			m.			----

22. I hereby certify that I attended the deceased from 1-16, 1950, to 6-25, 1950, that I last saw the deceased alive on ..., 19..., and that death occurred at 5:55 a. m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, Chief Professional Services, VAH, Perry Point, Md. June 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 25, 1950	Arlington National Cemetery	Ft. Myer, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 25, 1950	Irene E. Daugherty	Demaine Funeral DEMAINE FUNERAL HOME	520 S. Washington St Alexandria, Va.

15684

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JUN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06161

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Miller

4. DATE OF DEATH: (Month) 6, (Day) 27, (Year) -1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-2- 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N O
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Loretta Miller, Port Deposit, Md., R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Nasal Hemorrhage — Interval Between Onset and Death: 30 minutes

Antecedent cause(s)

92e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Myocarditis & Endocarditis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chr. Prostatitis — 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Xbt, 19 48, to June 26, 19 50, that I last saw the deceased alive on June 26, 19 50, and that death occurred at 2.45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. Benson, M. D. — ADDRESS: Port Deposit, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6-29-1950
NAME OF CEMETERY OR CREMATORY: Hopewell
LOCATION (City, town, or county) (State): Port Deposit, Rural, Md.

DATE REC'D BY LOCAL REG.: June 29, 1950
REGISTRAR'S SIGNATURE: Irene E Daugherty

24. FUNERAL DIRECTOR: Lee A. Cattuson & Son
ADDRESS: Perryville, Md.

866 V V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 1 1950
BUREAU V. S.

06162

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 5yrs. 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ~~Illinois~~ D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 143 W Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) WILSON (Middle) D. (Last) MILLER
4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-17-1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months 5, Days 28 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Evanston, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wilson Duke Miller - deceased
14. MOTHER'S MAIDEN NAME: Florence Anderson - deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ — (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial pneumonia, bilateral — 1 week

355X Antecedent cause(s) due to

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chorea, Huntington's type

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that ~~I~~ VA attended the deceased from July 20, 1944, to June 15, 1950, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 12:46 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon — (Degree or title) ADDRESS: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 6-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 6-21-50 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: June 21, 1950 — REGISTRAR'S SIGNATURE: Irene E. Daugherty — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1950
BUREAU F. I.

06163

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lidie (Middle) ELLEN (Last) NARVELL
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-9-1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Furniture.
11. BIRTHPLACE (State or foreign country) Conowingo Md.
12. CITIZEN OF WHAT COUNTRY? U S C

13. FATHER'S NAME Morris J Sprout
14. MOTHER'S MAIDEN NAME Emma J Bear.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fred Narvell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Accident

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 6-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 18. 1950
NAME OF CEMETERY OR CREMATORY Oakwood Cem
LOCATION (City, town, or county) Conowingo. Cecil (State) Md.

DATE REC'D BY LOCAL REG. June 15-50
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 19 1950
BUREAU N. B.

06164

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS E High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md.
STREET ADDRESS (If rural give location) E High St

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) J (Last) Pierson
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 50 19

5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Oct 10 1879
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home wife
11. BIRTHPLACE (State or foreign country): Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Ford
14. MOTHER'S MAIDEN NAME: Annie E Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willard R. Pierson Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 10 min.

446 x
131 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Endocarditis — 5 years
(c) Chronic Interstitial Nephritis, Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates M D. ADDRESS Elkton Md DATE SIGNED June 16 - 1950

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE June 19/50 | NAME OF CEMETERY OR CREMATORY Elkton | LOCATION (City, town, or county) Elkton (State) Md
DATE REC'D BY LOCAL REG. June 19 | REGISTRAR'S SIGNATURE E R Frazer
24. FUNERAL DIRECTOR Hutchison & Son. ADDRESS Elkton

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JUN 20 1950
BUREAU V. S.

06165

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Md
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) L. (Last) Purner.

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1950

5. SEX M.

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.

8. DATE OF BIRTH Oct 7 1876

9. AGE last birthday 73 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service station attendant

10b. KIND OF BUSINESS OR INDUSTRY Gasoline.

11. BIRTHPLACE (State or foreign country) Chesapeake City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William L. Purner.

14. MOTHER'S MAIDEN NAME Mary Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Wm H Purner. Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH 1 year.

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate gland

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1950, to June 14, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 3 15 A m., from the causes and on the date stated above.

SIGNATURE Henry Davis (Degree or title) MD. ADDRESS Chesapeake City Md DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE June 16/50 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Chesapeake City, Md (State)

DATE REC'D BY LOCAL REG. June 16-1950 REGISTRAR'S SIGNATURE Mrs Ralph H. Reed

24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton

4167V

RECEIVED
JUN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06166

CERTIFICATE OF DEATH

Reg. Dist. No. 95

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural | LENGTH OF STAY (in this place) 53 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Israel (Middle) Tyson (Last) Reynolds

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 24 1867

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Lancaster Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Reynolds

14. MOTHER'S MAIDEN NAME: Amanda Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary E. Brown Rising Sun, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 **Immediate cause** (a) Chronic Myocarditis — Interval between onset and death: 3 yrs.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No- | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1949, to June 16 1950 that I last saw the deceased alive on June 16 1950, and that death occurred at 7.30 P m., from the causes and on the date stated above.

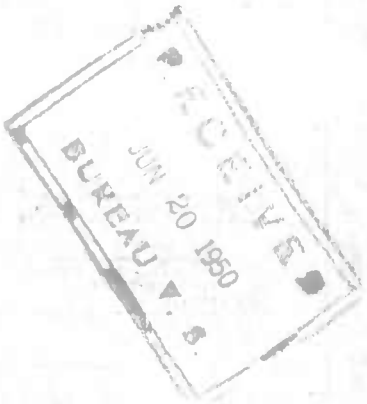
SIGNATURE L. Johnson (Degree or title) M.D. ADDRESS Port Deposit, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 19 1950 | NAME OF CEMETERY OR CREMATORY: Brookview | LOCATION (City, town, or county) (State): Near Rising Sun, Md.

DATE REC'D BY LOCAL REG. June 19-50 | REGISTRAR'S SIGNATURE L. M. Worthington | 24. FUNERAL DIRECTOR: J. E. Tyson | ADDRESS: Rising Sun, Md.

VS. A15

000 VV


RECEIVED
JUN 20 1960
BUREAU, U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06167

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun | LENGTH OF STAY (in this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laura	Retta	Reynolds	June	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 31 1859	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Housewife	Own home	New London Pa.	U.S.

13. FATHER'S NAME: David Spencer
14. MOTHER'S MAIDEN NAME: Sarah Biles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Curtis Reynolds

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemiplegia Left side	
334X Antecedent cause(s) 832 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-11, 1950, to 6-12, 1950, that I last saw the deceased alive on 6-11, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. Dodson M.D. Rising Sun Md 6-14-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 15, 1950	Brookview	Rising Sun, Md.

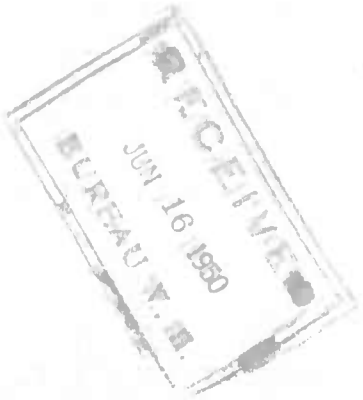
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 14-1950	L. M. Worthington	J. C. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15


RECEIVED
JUN 16 1960
BUREAU V. M.

06168

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville
STREET ADDRESS (If rural, give location) 1121 Oaks Street

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) D. (Last) ROGERS
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 19, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier (Retired)
10b. KIND OF BUSINESS OR INDUSTRY U. S. Army
11. BIRTHPLACE (State or foreign country) Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 days

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — following (b) Cerebro-vascular accident — Unknown

83a

(c) Arteriosclerosis, generalized severe — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that X/VA attended the deceased from June 14, 1950, to June 26, 1950, ~~that I last saw the deceased alive on~~ ~~XXXXXX~~ ~~19~~ ~~XX~~ and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. June 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 26, 1950
NAME OF CEMETERY OR CREMATORY Atglen Baptist Cemetery
LOCATION (City, town, or county) (State) Atglen, Pa.

DATE REC'D BY LOCAL REG. June 26, 1950
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Perry Lyon. Rising Sun Md. ADDRESS WENTZ FUNERAL SERVICE, Coatesville, Pa.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
JUN 29 1950
BUREAU

06169

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~200~~ 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredricktown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alvie (Middle) (Last) Ross.

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 2, 1888
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Andrew Cohee
14. MOTHER'S MAIDEN NAME Anna Meekins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS John E. Ross. Fredricktown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Embolism.	June 6-50
493 x Antecedent cause(s)			
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Thrombosis of Left Leg	June 1-50
	(c)	Pnemonia —	May 15-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 15, 1950, to June 13, 1950; that I last saw the deceased alive on June 13, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Milford H. Sprecher, M.D. (Degree or title) ADDRESS Elkton, Md DATE SIGNED June 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 15, 1950
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. June 14, 1950
REGISTRAR'S SIGNATURE Edward Fellows
F. R. Frazer
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Willington, Md.

RECEIVED
JUN 19 1950
BUREAU P. A.

06170

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
LENGTH OF STAY in this place 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) REBA (Middle) CORINE (Last) SENNETT
4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1950

6. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 6-30-93
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Keeping House
11. BIRTHPLACE (State or foreign country) Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Porter
14. MOTHER'S MAIDEN NAME Mary Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mary Jane Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Central Accident

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Kle Dodson MD ADDRESS Dme Rising Sun Md DATE SIGNED 6-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28.50
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 6-25-50
REGISTRAR'S SIGNATURE Mrs. Harold W. Cheyney Dpt.
24. FUNERAL DIRECTOR Barton Bros, Centreville Md. ADDRESS

52086

RECEIVED
JUN 27 1950
BUREAU U. S.

06171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESAPEAKE CITY
STREET ADDRESS (If rural, give location) RD #

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) J. (Last) SHANBACKER
4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1950
5. SEX MALE
6. COLOR OR RACE W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH May 27-1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker - Stock
10b. KIND OF BUSINESS OR INDUSTRY Broker (Retired)
11. BIRTHPLACE (State or foreign country) SCHUYLERKILL, PA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JACOB SHANBACKER
14. MOTHER'S MAIDEN NAME CHRISTIANA WOELPPERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS May Shanbacker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIREGTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of stomach	6 month
151X Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric hemorrhage	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to June 29, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 6/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 3, 1950
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) Drexel Hill, Pa. (State)
DATE REC'D BY LOCAL REG. June 29
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Rippin & Son ADDRESS Elkton, Md.

1568V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1950
BUREAU V. S.

06172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Spotsylvania
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT — LENGTH OF STAY (in this place) 22 yrs 6 mos 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Perry Point, Md.	STREET ADDRESS (If rural, give location) 202 Caroline Street

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) JAMES	(Last) SMITH	4. DATE OF DEATH	(Month) 6	(Day) 17	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div.	8. DATE OF BIRTH 4/9/1894	9. AGE last birthday 56 yrs.	If under 1 year Months 2	Days 8	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, Inhalation	2 hrs.
002 X Antecedent cause(s)	due to	
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) vomiting, post operative	
	due to	
	(c) Thorocaplasty, second stage	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulmonary, left

19a. DATE OF OPERATION 6/15/50	19b. MAJOR FINDINGS OF OPERATION Thorocaplasty, second stage; tuberculosis	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/1, 1927, to 6/17, 1950, that I last saw the deceased alive on 6/17, 1950, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E.P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.			6/19/50

23. BURIAL/CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/20/50	Unknown	Fredericksburg, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20, 1950	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
JUN 21 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06173

CERTIFICATE OF DEATH

Reg. Dist. No. 94

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John H. Weber

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 24 1867

8. AGE:

Years	Months	Days	If less than one day
82	9		hrs. min.

9. Birthplace: C Charlestown, Cecil Co. Md (Town, county, and state)

10. Usual occupation: Trackman Retired 19 yrs

11. Industry or business: Penna Railroad

FATHER 12. Name: Joseph J. Weber

13. Birthplace: Md

MOTHER 14. Maiden name: Louise Boyd

15. Birthplace: Md

16. Informant: Mrs. Wm Weber

Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-11-1950 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East Md

18. Funeral director: Joseph R. Grant

Address: North East Md

19. 6-11 1950 (Date rec'd by registrar) Sarah E. Rothermel per-g. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1950, at 7:47 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1950 to June 8 1950

and that I last saw him alive on June 6 1950

	DURATION
Immediate cause of death: Pneumonia	3 wks
Due to: Chr. parenchymatous nephritis	3 wks
Due to:	
Other conditions: Chronic Gastritis 592 x 131b	3 wks

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James A. Johnson M.D. M. D. or other

Address: Elkton Md Date signed 6/9/50

93849

VS-A15

RECEIVED
JUN 13 1950
BUREAU OF

06671

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: South Carolina; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Townville; STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRANDUS	T.	WHITLOCK	(?)June 20, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	white	Single	2-27-1890	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	—	South Carolina	U.S.A.

13. FATHER'S NAME: D.T. Whitlock - deceased

14. MOTHER'S MAIDEN NAME: Martha Jane Chastain - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW I	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

933.9 13c

Immediate cause (a) Exposure — Interval Between Onset and Death: Approx. 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Tuberculosis, suspected 2. Dementia Praecox, Hebephrenic type

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson M.D. (Degree or title) ADDRESS: DATE SIGNED:

R. C. DODSON, M.D., Deputy Medical Examiner, Cecil County, Rising Sun, Md. 10-13-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-16-50	Unknown	Anderson, South Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 16-50	Ida M. Daughtry act Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
OCT 19 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06174

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) life yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Clinton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland · COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 109 Clinton St.

3. NAME OF DECEASED (Type or Print): (First) Galena (Middle) Moore (Last) Wilson
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	March 4, 1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (State or foreign country): Elkton, Md.
12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Samuel Moore
14. MOTHER'S MAIDEN NAME: Louise Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Glendora Moore — 109 Clinton St. Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency — 1 year
446 x
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131 a
(b) Chronic Interstitial Nephritis — 3 years
(c) Hypertension — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to June 1, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Jackson	M.D.	245 E. High St Elkton Md	June 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/4/50	Providence Cemetry	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3	F R Frazer	Edw R Bell	909 Poplar St.

52086

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JUN 6 1950
BUREAU F. S.

06175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 100 Bethel Street

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) (Last) Wright
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1950
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 27, 1899
9. AGE last birthday 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Truck driver
11. BIRTHPLACE (State or foreign country) Bohemia Manor Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Wright
14. MOTHER'S MAIDEN NAME Harriett Warrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ida Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 24 hours

420.1 Antecedent cause(s) (b) Hypertensive Cardiovascular Disease — Unknown

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural Effusion - right — 6 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to June 18, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 7 40 A m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (Degree or title) M.D. ADDRESS Elkton Maryland DATE SIGNED 6/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 22 NAME OF CEMETERY OR CREMATORY Bohemia Manor LOCATION (City, town, or county) Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. June 22 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS 909 Poplar St Wil. Del.

42099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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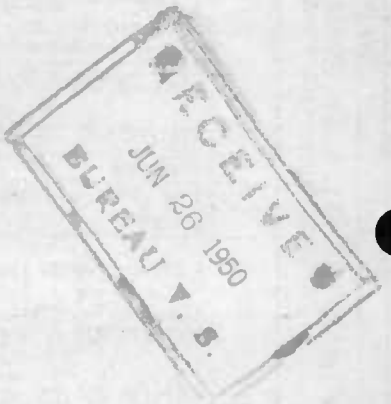
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JUN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06176

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 245 E. High

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location) 101 E Lake.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	SIDNEY.	YOUNG.	6	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Married	May 1887	63 yrs.				

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer.	Farm helper	Cecilton Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Sidney Young.	no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Ruth Young.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 x **Immediate cause** (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last
83a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. LeRoy Dodson	M.D. D.M.E.	Rising Sun Md	6-16-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21	Cecilton Md	Cecilton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 19	F R Frazer	Austin O. Caulk	Wilmington Del.

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VS. A15A

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JUN 20 1950